



## KEWEENAW BAY INDIAN COMMUNITY

COMMUNITY ASSISTANCE PROGRAMS (C.A.P.)

Janice M. Halverson, *CAP Administrator*

16429 Beartown Road, Baraga, MI 49908

Telephone: (906) 353-8137 or (906) 353-6623 x4162

Fax: (906) 353-4141

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### LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) REQUEST SHEET (Application-Eligibility-Check List-Determination)

Date of Request: \_\_\_\_\_

Head of Household's Name: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Nature of your request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does your household receive TANF payments from State of Michigan-DHS? Yes [ ] No [ ]**

*If you answered "YES" you will first need to apply with DHS for assistance. Before applying for assistance with the CAP office, households receiving Temporary Assistance for Needy Families (TANF) must have a written denial from the Department of Human Services (DHS) stating that they cannot help them with their emergency or energy bill. You must then submit to our office the denial, CAP Application, Request Sheet, and other required documentation.*

**Does your household receive child support? Yes [ ] No [ ]**

*If you answered "YES" you will need to submit a Court order stating the amount you receive for each child in your custody.*

*If you answered "NO" you will need to apply with the appropriate child support agency(ies) in your area and supply our office with written proof that you have done so.*

### **APPLICATION CHECK LIST:**

[ ] Completed CAP Application

[ ] Shut-Off Notice(s)/Copy of Shut-Off Notice(s) and/or Utility Bill(s)/Copy of Utility Bill(s)

[ ] Leases (when applicable)

[ ] Denial from an outside agency (e.g. State of Michigan DHS, St. Vincent de Paul, Community Action Agency, etc.)  
(Emergency requests only).

[ ] Past 30-Days of Income (For everyone 18 years of age or over in the household).

[ ] Employment/Self-Employment

[ ] Unemployment Compensation

[ ] Cash Assistance (State of Michigan/TNAF)

[ ] Child Support (Households with Minor Children)

[ ] SSI/SSA/SSD/Social Security

[ ] Retirement Benefits

[ ] Rental Income

[ ] Other Types of Income: \_\_\_\_\_

[ ] Child Support Documents (e.g. Court Order, Written Proof of Application, etc.)

[ ] Other Applicable Documentation: \_\_\_\_\_

## For Office Use ONLY

**Table 1: Household Gross Income (Before Deductions)**

1.SS (Social Security) 2.Wages 3.SSI/SSDA/SSA 4.GA 5.ADC/TANF/CASH 6.Pension/Retirement 7.Self-Employment 8.Unemployment 9.Child Support 10.Other:

Name (Last/First)	Income Source	Annual Income (Taxes)	Past 30-Days Income	Annualized Income (Annual or Monthly Inc. x 12)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
TOTAL HOUSEHOLD GROSS INCOME				\$

**Table 2: LIHEAP FY2012 Income Guidelines**

Household Size/Annual Gross Income Allowable	Calculation for Percentage Received to Determine Benefit Amount
<b>1</b> - \$13,962 <b>6</b> - \$38,712	<b>HOUSEHOLD SIZE:</b> _____ Total Household Gross Income Amt.: \$ _____ (See Table 1) ÷ by Annual Gross Income Allowable Amt.: \$ _____ (See Household Size/Annual Gross Income Allowable Amt.) = <b>Percentage:</b> _____ % (Use Percentage for Table 2 for Benefit Amt.)
<b>2</b> - \$18,912 <b>7</b> - \$43,662	
<b>3</b> - \$23,862 <b>8</b> - \$48,612	
<b>4</b> - \$28,812 <b>9</b> - \$53,562	
<b>5</b> - \$33,762 <b>10</b> - \$58,512	

**Table 3: BENEFIT LEVEL**

% of Household Inc. to Annual Gross Inc. Allowable	DELIVERED FUEL Oil/Propane/Coal	Natural Gas/Electricity/Wood
Under 50%	\$800	\$700
50.1 to 75%	\$750	\$650
75.1 to 100%	\$700	\$600
<b>NOTE:</b> All awards will be rounded to the nearest dollar amount. For homes with two or more heating fuel types, benefit is determined by averaging the benefits for each type. Example, a household under the 50% poverty level and have fuel oil and propane as heat types, add both together and divide by two, etc.		<b>Calculation for Two or More Heating Types</b> Heating Source Benefit Amt.: \$ _____ Type of Heat: _____ Heating Source Benefit Amt.: \$ _____ Type of Heat: _____ = TOTAL: \$ _____ TOTAL Divided by Two (2): \$ _____ = <b>BENEFIT AMT.:</b> \$ _____

**Table 4: BENEFIT LEVEL (RENTERS ONLY)**

% of Annual Rent to Annual Income	Benefit Amount
0 to 35%	NO Payment – Not Eligible
35.1 to 40%	\$450
40.1 to 45%	\$500
45.1 to 50%	\$550
50.1% and Over	\$600
<b>NOTE:</b> Heat must be included with rent to receive rental assistance payments. 1. Annual Rent must be Documented 2. Annual Income must be Documented 3. Divide Rental Cost by Annual Gross Income 4. IF Percentage is Less than 35% - NO PAYMENT	
<b>Calculation</b> Monthly Rent Amt.: \$ _____ x 12 Months: \$ _____ = Annual Rent \$ _____ Monthly Income Amt.: \$ _____ x 12 Months: \$ _____ = GAI: \$ _____ Annual Rent ÷ GAI = _____ % <b>BENEFIT AMT.:</b> \$ _____ (Based on Percentage, See Table 4)	

**Table 5: ECIP**

ECIP Disconnects (YEAR ROUND) (COOLING-SUMMER ONLY) Heating \$325
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**NOTE:** Income Based (Use Tables 1 & 2 to Determine Eligibility)

[ ] Contact State of Michigan DHS to verify whether or not the applicant has applied for assistance and/or received benefits from their office. If they have received benefits, how much and used for what?

[ ] **APPROVED** (Circle All That Apply): **DAP ECIP**

Person/Vendor's Name: _____	Amount: \$ _____
Account No.: _____	
Person/Vendor's Name: _____	Amount: \$ _____
Account No.: _____	
Person/Vendor's Name: _____	Amount: \$ _____
Account No.: _____	
Person/Vendor's Name: _____	Amount: \$ _____
Account No.: _____	
Person/Vendor's Name: _____	Amount: \$ _____
Account No.: _____	

[ ] **DENIED**

Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You have a right to file an appeal for denials and decisions not made in a timely manner.  
Hearing process sheets can be obtained in the CAP office.**

Signature by:

\_\_\_\_\_  
**Janice M. Halverson, CAP Administrator**

-or-

*Representative Name, Title*

\_\_\_\_\_  
**Date**